08-01789-cgm Doc 532-2 Filed 10/19/09 Entered 10/19/09 17:28:07 Exhibit B (Customer Claim of Kaplow Family Partnership) Pg 1 of 17

Caption: Securities Investor Protection Corporation, Plaintiff, v. Bernard L. Madoff

Investment Securities, LLC, Defendant

Adv. Proc. No.: 08-01789 (BRL) SIPA Liquidation

EXHIBIT B Joint Objection of Vicki Kaplow Family Trust I, Kaplow Family Partnership

and Vicki Kaplow to Notices of Trustee's Determinations of Claims

### EXHIBIT B

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Claim Number
Date Received

### BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

#### **DECEMBER 11, 2008**

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: 516 443 8039

HOME: 516

Taxpayer I.D. Number (Social Security No.) \_REDACTED 6883

Account Number: 1ZA586 KAPLOW FAMILY PARTNERSHIP **7 HEADLEY WAY** WOODBURY, NY 11797

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

Claim for money balances as of December 11, 2008:

The Broker owes me a Credit (Cr.) Balance of

I owe the Broker a Debit (Dr.) Balance of

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please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC."	If you wish to make a payment, it must be enclosed with this claim form.	d. If balance is zero, insert "None."  Claim for securities as of December 11, 2008:	LEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.	a. The Broker owes me securities SEC SEC PM 11	b. I owe the Broker securities	c. If yes to either, please list below:	Number of S  Face Amount The Broker		See Statemokt	
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If you wish to repay the Debit Balance,

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any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

sale confirmations and checks which relate to the securities or cash you claim, and

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or information regarding any withdrawals you have ever made or payments received from the Debtor.

complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9. Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you

IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION. NOTE

ON N	>	7	7	7	7	7
YES						
	Has there been any change in your account since December 11, 2008? If so, please explain.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.
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Please list the full name and address of anyone assisting you in the Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if preparation of this claim form: so, give name of that broker. တ

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Signature MCR. Kaplow Signature Date . Date

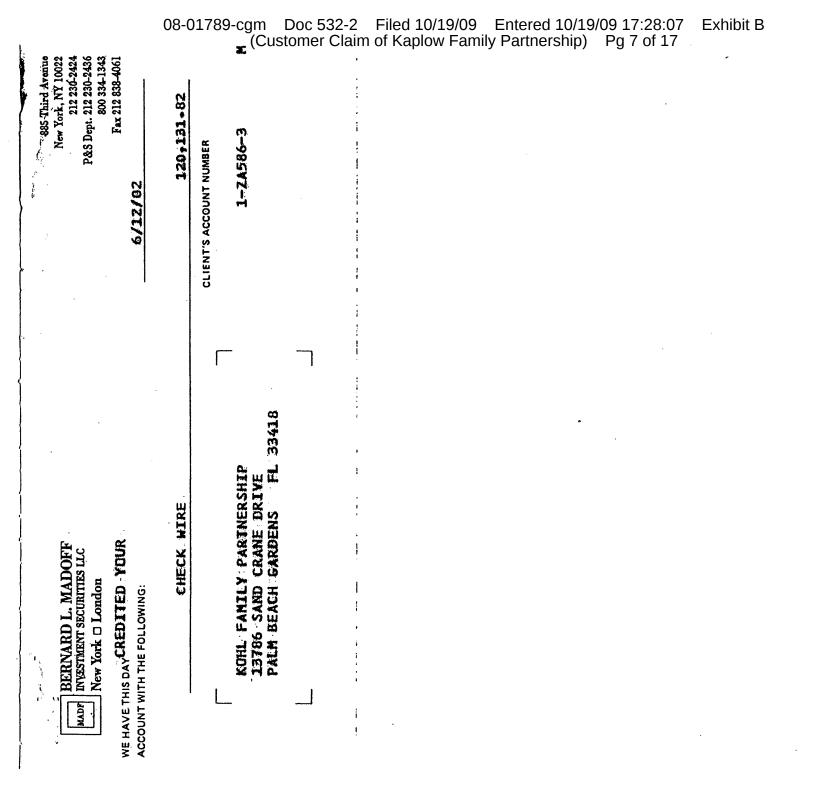
address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity (If ownership of the account is shared, all must sign above. Give each owner's name, and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

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\$118,160.23	120,131.82	100,000.00	\$338,292.05
Carryover from predecessor interest	6/12/02	7/12/02	
Carryover f	Deposit	Deposit	Total



08-01789-cgm Doc 532-2 Filed 10/19/09 Entered 10/19/09 17:28:07 (Customer Claim of Kaplow Family Partnership) Pg 8 of 17 Exhibit B 885 Third Av New York, NY 1 212 230-P&S Dept. 212 230-800 334-Fax 212 838-100,000.00 CLIENT'S ACCOUNT NUMBER KOHL FAMILY PARTNERSHIP 13786 SAND CRANE DRIVE PALM BEACH GARDENS FL CHECK, WIRE WE HAVE THIS DAYCREDITED YOUR ACCOUNT WITH THE FOLLOWING: BERNARD L. MADOFF INVESTMENT SECURITIES LLC New York 

London

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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF FILED 2007, "KAPLON FAMILY PARTNERSHIP, L.P.", FROM "KOHL FAMILY HEREBY CERTIFY THE ATTACHED IS A TRUE AND IN THIS OFFICE ON THE THENTY-THIRD DAY OF APRIL, A.D. CERTIFICATE OF 2:48 O'CLOCK P.M. COPY OF THE DELAWARE,

8100 070465736 2417528

### AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP STATE OF DELAWARE

The undersigned, destring to amend the Certificate of Limited Partnership pursuent to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

Third: A new General Partner is added to article 3. The name and address of the General

Vicki Kaplow 7 Headley Way Wooodbury, NY 11797

In witness whereof, the undersigned executed this Amendment to the Certificate of day of Limited Partnership on this.

Peter Kaplow, General Partner

KAPLOW FAMILY PARTNERSHIP New York 🗆 London WADE | INVESTMENT SECURITIES LLC BERNARD L. MADOFF

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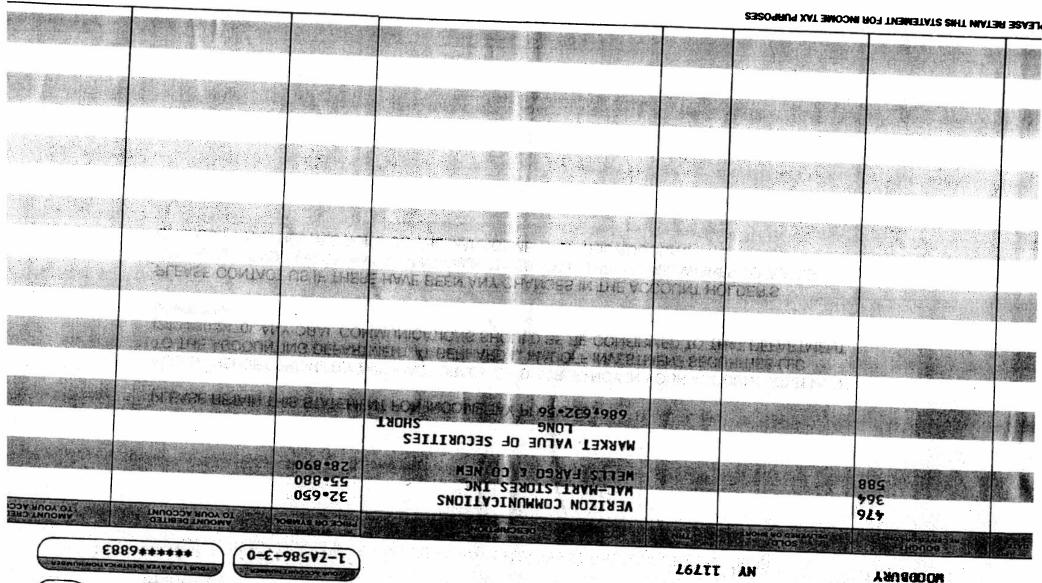
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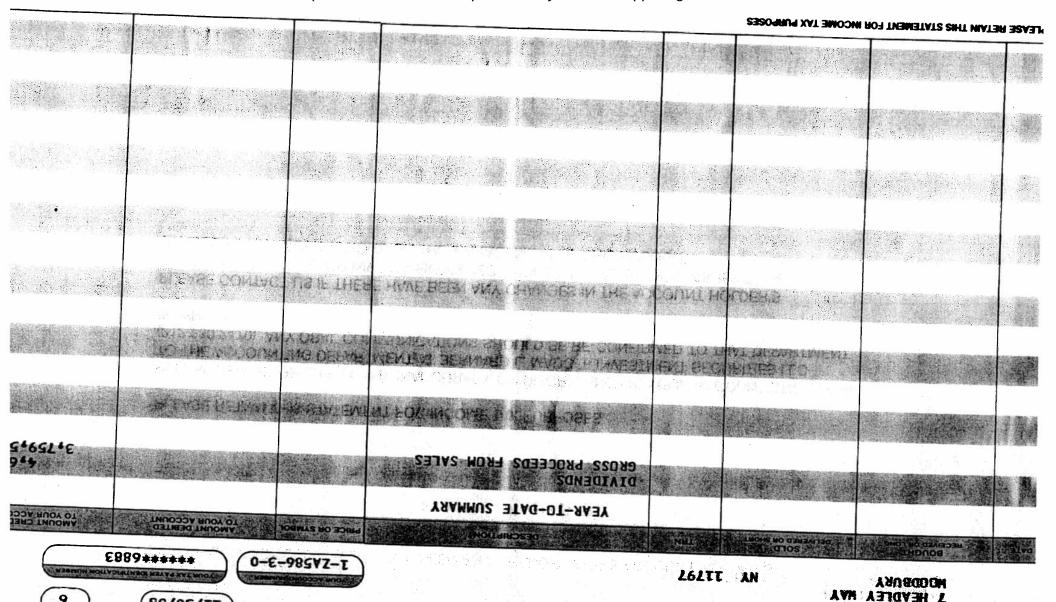
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885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061 KAPLON FAMILY PARTNERSHIP

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